

SMP — State Maintenance Plan

Administered by Blue Cross & Blue Shield United of Wisconsin



**BlueCross & BlueShield
United of Wisconsin**

An independent license of the Blue Cross
and Blue Shield Association

What we are

The SMP program provides maximum health care coverage over a broad range of benefits in a managed care environment.

Each SMP participant selects a primary care clinic that directs the health care services of the participant and family.

It is administered by Blue Cross & Blue Shield United of Wisconsin – a local company known for its service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation.

Where we are

In addition to our corporate headquarters located in Milwaukee, we have three service centers as listed in the box to the right. We can answer questions about claims or benefits in our offices, by letter or by telephone. To provide more convenient service, walk-in customer service is also available at each service center.

bluecrosswisconsin.com: An interactive Site for Active People Service Direct

With our exclusive Service Direct feature, you can obtain customer service through our web site 24 hours-a-day, 7 days-a-week. Click on the **NEED CUSTOMER SERVICE?** button and you can:

- Check on claim status
- Order new ID cards
- Check on eligibility & benefits
- E-mail Customer Service

Quality Initiatives

- Effective January 1, 2004, Blue Cross Blue Shield United of Wisconsin will be implementing a higher processing standard for written inquiries. It is our goal that 100% of written inquiries be resolved within an average of 12 working days.

Exclusions and Limitations

- Physical exams requested by third parties (i.e. school, insurance, etc.)
- Services or supplies for custodial care or rest cures as defined by contract
- Cosmetic surgery
- Services, supplies or equipment that are not medically necessary, or that are experimental/investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination
- Weight loss programs, services or supplies
- Organ transplants except as specifically provided
- Care covered by worker's compensation
- Reversals of sterilization
- Dental services except as specifically provided

Plan features

- A formal referral from your primary care clinic is required for all services sought from a provider not located in an SMP county and/or when seeking in-network or out-of-network behavioral health services.
- Late referrals will not be allowed.
- Preventive dental and vision is available for children.

Covered Services – no deductible:

- C Hospital services (The Advantage Program requires prior notice of non-emergency admissions, or within 48 hours after an emergency admission.)
- Maternity care
- Extended care facility (except custodial care)
- Surgery
- X-ray and laboratory services
- Office calls
- Routine physical exams

Covered Services – paid at 80% after deductible:

- Physical, speech, and occupational therapy when necessitated by illness.
- Ambulance (First \$50 paid in full)
- Extraction and/or replacement of natural teeth when necessitated by an accidental injury.

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions please refer to the Benefit Handbook available through your personnel representative or call us at Blue Cross & Blue Shield United of Wisconsin.

Service Centers

**Customer service hotline for
State of Wisconsin employees
1-800-755-6400**

Northeastern Service Center

145 South Pioneer Road
Fond du Lac, WI 54935
(920) 923-4141

Southwestern Service Center

500 Hwy 151 East
Platteville, WI 53818
(608) 882-5967

Western Service Center

2270 EastRidge Center
Eau Claire, WI 54701
(715) 836-7737

Or e-mail us at our web site:
www.bluecrosswisconsin.com

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Major Medical Deductible: \$200 per person, per calendar year; maximum of two per family; after deductible, plan pays 80%, you pay 20% until your out-of-pocket maximum has been reached. Out-of-pocket maximum is \$1,000 per individual/\$2,000 per family, and does not include the deductible. The benefit maximum major medical benefit is \$250,000 per lifetime.

Health Benefits	Plan Pays	Limitations
*Physician	100%	Selected primary physician or upon referral from primary physician
Hospital	100%	365 days in semi-private room.
Laboratory and X-rays	100%	When requested by primary or referral physician.
Mental Health (Combined with Alcohol & Drug Abuse)	100%	INPATIENT – 120 days or \$6,300 per calendar year, which ever is less.
	90%	OUTPATIENT - Of first \$2,000 per calendar year.
<i>In 2004, annual dollar maximums for mental health services are suspended.</i>	90%	TRANSITIONAL - Of first \$3,000 per calendar year.
Alcohol and Drug Abuse (Combined with Mental Health)	100%	INPATIENT – 30 days or \$6,300 per calendar year, which ever is less.
	90%	OUTPATIENT - Of first \$2,000 per calendar year.
<i>Maximum for all services is \$7,000 per calendar year, combined.</i>	90%	TRANSITIONAL - Of first \$3,000 per calendar year.
Emergency Room	100%	Non-emergency requires referral.
Extended Care Facility	100%	730 days per admission less hospital days used. Excludes custodial care as defined by the contract.
Vision Care	100%	For illness or disease only. Annual routine eye examines for children under age 18.
Prescribed Medical Services/Supplies	80%	Subject to deductible
Transplants	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Excludes all services related to non-covered transplants.
Chiropractic Care	100%	Same as physician
Ambulance	100%	Pays first \$50 per trip
	80%	Thereafter, subject to deductible
Additional Benefits		
Physical, Speech, Occupational Therapy	80%	Subject to deductible
Home Hospice Care	100%	80 visits per six months
Hearing Aid	0%	Not a covered benefit
*Oral Surgery	100%	Same as physician
Infertility Services	0%	Not a covered benefit
Preventive Dental Care	100%	Limited to children under age 12.
Prescription Drugs		Separate PBM administration. Annual out of pocket maximums do not apply.

C Except as required by law, SMP covers services only when provided by or referred by your primary physician, except emergency care. Refer to the SMP Directory for physician, hospital and specialty care providers.

C SMP pays the percent of charge(s) shown above.

* Professional services are limited to \$10,000 per illness or injury, then major medical.